

Tonsil Surgery (intracapsular tonsillectomy)

Information for children,
parents and carers



Oxford Children's Hospital

What is a tonsillectomy?

A tonsillectomy is a surgical procedure to remove the tonsils. The tonsils are found at the back of the throat.

The usual reason for needing a tonsillectomy is repeated infections or enlarged tonsils that cause disturbed sleep.

It is planned for your child to have an intracapsular tonsillectomy. This involves removing the tonsil tissue while leaving the tonsillar capsule intact. This method protects the muscle underneath meaning that fewer nerve and blood vessels are exposed. This means an intracapsular tonsillectomy is less painful than a traditional tonsillectomy and the risk of bleeding after the operation is also reduced.

What are tonsils?

Tonsils are small glands of lymphoid tissue in the throat. They help to provide some basic early protection against infection in very young children.

The body has many other more sophisticated ways of fighting infection, so even if young children have their tonsils removed their body will still be able to fight infections.

After the age of about three the tonsils become less important in fighting germs and usually shrink in size.

What are the benefits of the operation?

Removing the tonsils will help to solve these problems:

- obstructive sleep apnoea (this is a potentially serious sleep disorder, causing breathing to stop and start during sleep)
- repeated or frequent tonsillitis (your child can still develop a sore throat but it won't be tonsillitis).

Tonsils are only removed if they are doing more harm than good. You will have the opportunity to discuss this with your child's Ear, Nose and Throat (ENT) doctor before the operation.

What are the risks?

This is a simple and safe operation. However all operations will carry some risks:

The advantages of intracapsular tonsillectomy over traditional tonsillectomy are reduced pain, shorter recovery and reduced risk of bleeding.

- Less than 1 in every 100 children having intracapsular tonsil surgery will need to return to hospital because of bleeding, with a small proportion of these needing a second operation to stop the bleeding.
- There is a small risk (about 5 in 100) that your child will develop an infection after they have had their tonsils removed. If an infection develops your child will need antibiotics to treat it.
- There is a small chance the tonsils will regrow in 2 in every 100 children undergoing intracapsular tonsillectomy, and another procedure/operation may be necessary. This is more common if your child is under the age of three.

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 6.

Are there any alternatives to tonsillectomy?

Before we consider carrying out a tonsillectomy operation on your child we may see whether they can be treated by using frequent courses of antibiotics to help with infections, or a low- dose antibiotic for a number of months to help keep infections away.

Children also sometimes grow out of the problem of recurrent infections, so we always wait at least a year to see if this happens before considering a tonsillectomy operation.

What happens during the operation?

The operation is carried out under a general anaesthetic. Your child will be asleep throughout the operation.

The tonsils are then removed through the mouth. Any bleeding is stopped using cautery (an instrument used to seal a wound), or sometimes you will see a black thread (or tie) at the back of their throat.

Most children will have the operation as a day case. This means they should be able to go home on the same day as the operation. Sometimes, however your child will need to stay overnight. The reasons for this can include:

- if they have moderate or severe obstructive sleep apnoea
- if they have other medical conditions, for example, severe asthma, bleeding tendency, cerebral palsy
- if your child weighs less than 13kg or is obese.

In order for your child to be able to go home on the same day as the operation, you must also have:

- access to transport (e.g. a car/taxi) and a telephone in case of an emergency
- one adult carer per child who can stay with them at home for the first 24 hours.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. This may be a paper form, or a digital one. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your child's appointment letter.

Fasting is very important before an anaesthetic. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help measure how much pain your child may be feeling after their operation. You can continue to use this form at home, if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy.

The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

The exact likelihood of complications depends on your child's medical condition, and on the nature of the surgery and anaesthesia your child needs. The anaesthetist will talk to you about this in detail before the operation.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may have side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

What happens at the hospital?

You will be asked to arrive on the Children's Day Care Ward or at Theatre Direct Admissions (TDA) at the time stated in your appointment letter.. Your child's nurse will greet you and show you either to your child's bed on the ward or to the waiting area (in TDA).

The nurse will check the paperwork, put some name-bands around your child's wrists and check your child's temperature, heart-rate and breathing rate.

A nurse will look after you and your child for the day. Together with a health play specialist they can help prepare your child for the operation. The nurse will make sure you understand the routine of the day and your child's care before and after the operation and can answer any questions you both may have.

The anaesthetist and the surgeon will come to see you and your child. The surgeon will go through the procedure and ask you to sign a consent form (agreement for the operation to go ahead).

This is a good time to ask any further questions you might have.

Very occasionally we have to cancel the surgery if it is found that your child has active tonsillitis on the day of admission. Whilst this can be disappointing, this is done as the surgery is more difficult and less safe when the tonsils are actively infected.

If your child needs a bed on the High Dependency Unit (HDU) after the operation, we will need to check that a bed is available before going ahead with the surgery. If a bed is required but none is available, you will be offered an alternative date within 28 days as per the Trust's cancellation procedure.

In the anaesthetic room

A nurse and one parent or carer can go with your child to the anaesthetic room. Your child can also take a toy or a comforter.

Your child will have sticky pads attached to their chest (and possibly a peg applied to a finger) so that they can be monitored throughout the operation/procedure.

It may be possible to give the anaesthetic with your child sitting on your lap, or they can lie down on a trolley. They may either have anaesthetic gas to breathe or an injection through a cannula (a thin plastic tube that is placed under the skin into a vein, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream') may be put on the back of your child's hands or arms to numb the skin before the cannula is put in, so it does not hurt as much. The cream works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with them at all times.

After the operation

Most children wake up in the recovery room. You will be taken to collect them with their nurse once they have recovered enough.

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has enough pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge after intracapsular tonsillectomy as a day case is 4 hours. This is usually enough time for us to check that they are recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

In case of any complications on the journey home, we advise not travelling home by public transport following general anaesthetic, as they may need to return to hospital quickly. Please make sure you have arranged in advance for your child to travel home by car. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid and food. If vomiting continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children, so do not be concerned if your child is clingy, easily upset or has disturbed sleep.

Advice after intracapsular tonsillectomy

It is normal for your child's throat to be sore. This gets worse around 3 days after the surgery, but you should expect it to get better day by day after that. You will need to make sure that you have enough pain relief at home for 7 days.

Pain relief should be given regularly, for 3 days to make sure that your child is comfortable, they should then be given pain relief as needed for the rest of the first week. It is best to give pain relief half an hour before meals to help make eating and drinking more comfortable.

It is normal for their throat to have yellow scabs where the tonsils were. These will be there for about 10 days.

When your child goes home, although their throat may be sore, it is essential that you make sure they eat and drink normally, as this helps the throat to heal. Foods such as toast, biscuits and crisps will keep the healing tonsil beds (where the tonsils were removed) as clean as possible.

Earache and bad breath are common for a few days after the operation and you may notice that your child snores for several weeks until the swelling settles. It is also common for their nose to feel stuffy or bunged up.

Your child should rest as much as possible for the first few days and stay away from people with coughs and colds. This is to prevent infection. They will need to have 1 week off school.

Please stay in the vicinity of a hospital or urgent care centre for 1 week, in case your child develops any of the complications outlined below. Please avoid flying and foreign travel for 3 weeks after the operation.

Complications

If your child has any significant bleeding **please dial 999** and ask for an ambulance.

Otherwise please contact the Children's Hospital if your child has:

- minor bleeding from where the tonsils were removed
- a high temperature of 38.5 °C or above (this could be a sign of infection)
- persistent pain which is not being relieved by regular doses of painkillers.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. We may give you a small supply to use when you first get home. You may need to get more. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information about how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward:

Tel: **01865 234 148**

(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward: 01865 231 254/5

Melanie's Ward: 01865 234 054/55

Tom's Ward: 01865 234 108/9

Bellhouse Drayson: 01865 234 049

Kamran's Ward: 01865 234 068/9

Horton General Hospital

Children's Ward: 01295 229 001/2

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard:

Tel: **0300 304 7777**

If you need urgent advice, contact your 'out of hours' service.

This may be a GP service, NHS walk-in Centre, NHS 111, a minor injuries unit, or your local emergency department.

Information about urgent and emergency care in England can be found on the NHS website www.nhs.uk or by calling the **NHS 111 helpline (dial 111 for free from any landline or mobile).**

Further information

You may find further useful information on the following websites:

NHS Choices

www.nhs.uk/Conditions/Tonsillitis/Pages/Treatment.aspx

ENT UK

www.entuk.org/patient-information-leaflets-1

www.MyTonsils.com (Smith+Nephew leaflet)

Reference

¹From the Royal College of Anaesthetists (2023) 7th Edition

Your child's general anaesthetic. Information for parents and guardians of children.

www.rcoa.ac.uk/patientinfo

How to give feedback about your experience

Positive feedback is always welcome. Please speak to your child's nurse who can advise on the best way to provide this.

If you have any concerns during your child's stay, please speak to a member of staff whilst on the ward who may be able to help straightaway.

You can also contact the Patient Advice and Liaison Service on:

01865 221473 or email PALS@ouh.nhs.uk

Please bring this leaflet with you on the day of your child's admission.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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